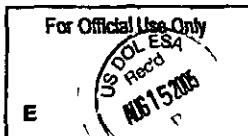


FORM LM-30
**LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT**

This report is mandatory under P.L. 88-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

| | |
|---|---|
| 1 File Number U - 9398 9398 | 2 Fiscal Year Covered From 01 / 01 / 2004 Through 12 / 31 / 2004 |
| 3 Name and address of person filing Name Kandice MCKeon P O Box, Bldg, Room No, if any Street 7510 W Mississippi Ave., #240 City Lakewood State CO ZIP Code + 4 80226 | 4 Name, file number, and address of labor organization Name Colo Bldg & Constr. Trades Council Labor Organization File Number 042220 P O Box, Building and Room Number, if any Street same City State ZIP Code + 4 |
| 5 Position in labor organization | |

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

| | |
|---|--|
| A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of | |
| 6 Name and address of Employer (including trade name, if any) Name Trade Name, if any P O Box, Bldg, Room No, if any Street City State ZIP Code + 4 | 7 a Nature of Interest, Transaction, or Income 7 b Amount |

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)

Signed

Kandice MCKeon

On

8/12/05
Date

303 936-3301
Telephone Number

| | |
|--|----------------|
| Name of Person Filing Kandice LC McKeon | File Number U- |
|--|----------------|

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

| | |
|--|---|
| <p>8 Name and address of Business (including trade name, if any)</p> <p>Name _____</p> <p>Trade Name, if any _____</p> <p>P O Box, Bldg, Room No, if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p> | <p>9 Business deals with</p> <p><input type="checkbox"/> a Labor Organization</p> <p><input type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p> |
| <p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name _____</p> <p>Trade Name, if any _____</p> <p>P O Box, Bldg, Room No, if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p> | <p>11 a Nature of such dealing</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>11 b Approximate dollar value of such dealing</p> <p>_____</p> <p>12 a Nature of interest held or income received</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>12 b Amount</p> <p>_____</p> |

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

| | |
|--|--|
| <p>13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)</p> <p>Name Colo Bldg & Constr Trades Council / Rocky Flats Support Fund</p> <p>Trade Name, if any _____</p> <p>P O Box, Bldg, Room No, if any _____</p> <p>Street 7510 W Mississippi Ave, #240</p> <p>City Lakewood</p> <p>State CO ZIP Code + 4 80226</p> | <p>14 a Nature of payment</p> <p>Women's Leather Jacket Safety Awards</p> |
| <p>13 b Is the Business an Employer or Consultant ?</p> | <p>14 b Amount of payment</p> <p>\$260.00</p> |